

Name
in
Full

Stanley Archer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forest Hill</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	1908	Month	June	Day	3
Age	5	Years		Months	8
Sex	male	Color or Race	White	Birthplace	Harford Co
Occupation			Where Residing if not at place of death	Forest Hill	
Married, Single or Widowed	—		Name of Wife or Husband		
Father's Name	William B. Archer			Father's Birthplace	Balto. Co
Mother's Maiden Name	Salke Whitford			Mother's Birthplace	Harford Co
Name of person giving information				How related to deceased	

CAUSES OF DEATH

9

Primary	<i>Membranous Oropharynx</i>	How long	<i>One day</i>
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>L. B. Whitford</i>
		Address	<i>Forest Hill Md</i>
Accident or Suicide?			

PHYSICIAN
OR CORONER

Lenore

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Elinor Bay* County *Harford*
 Died at *Whiteford*
 Date of death *1908 June Wednesday* Age *84* Months *1* Days *24*
 Sex *Female* Color or Race *White* Birthplace *Harford Co. Md.*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Widow* Name of Wife or Husband *William Bay*
 Father's Name *John H. Madden* Father's Birthplace *Harford Co.*
 Mother's Maiden Name *Elinor Foster* Mother's Birthplace *Not Known*
 Name of person giving information *Hugh J Bay* How related to deceased *Son*

CAUSES OF DEATH

154

How long

How long

PHYSICIAN
OR CORONER

Primary

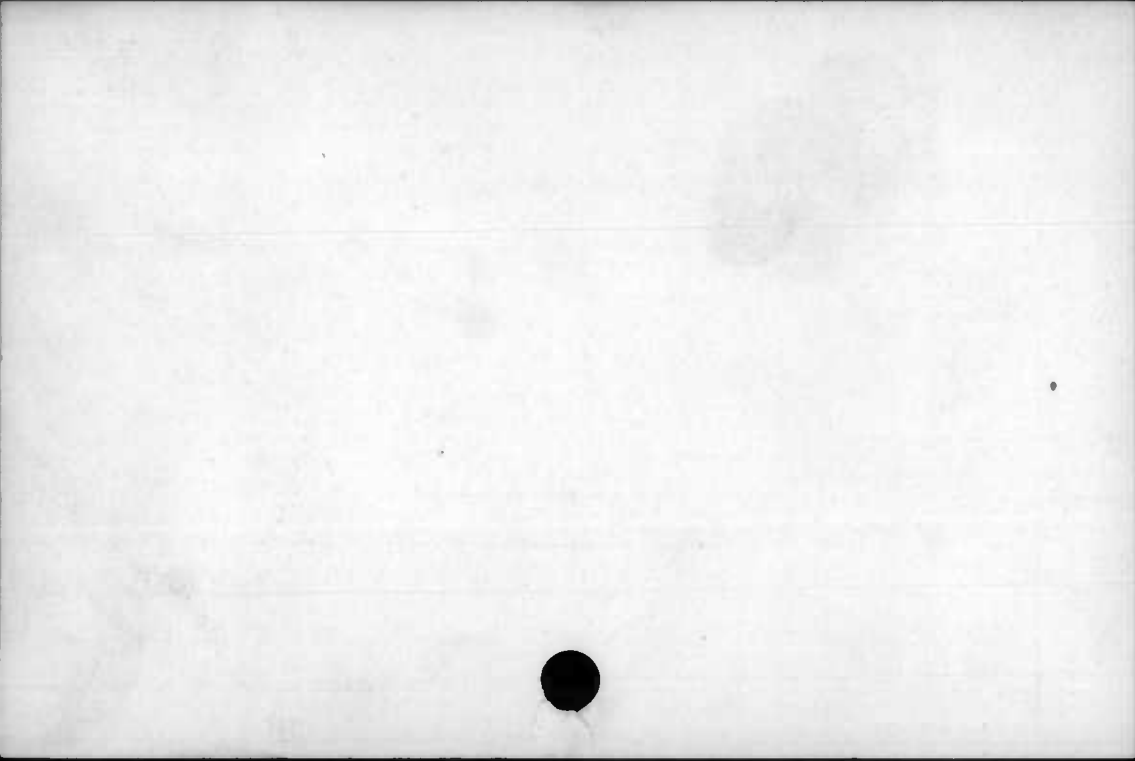
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

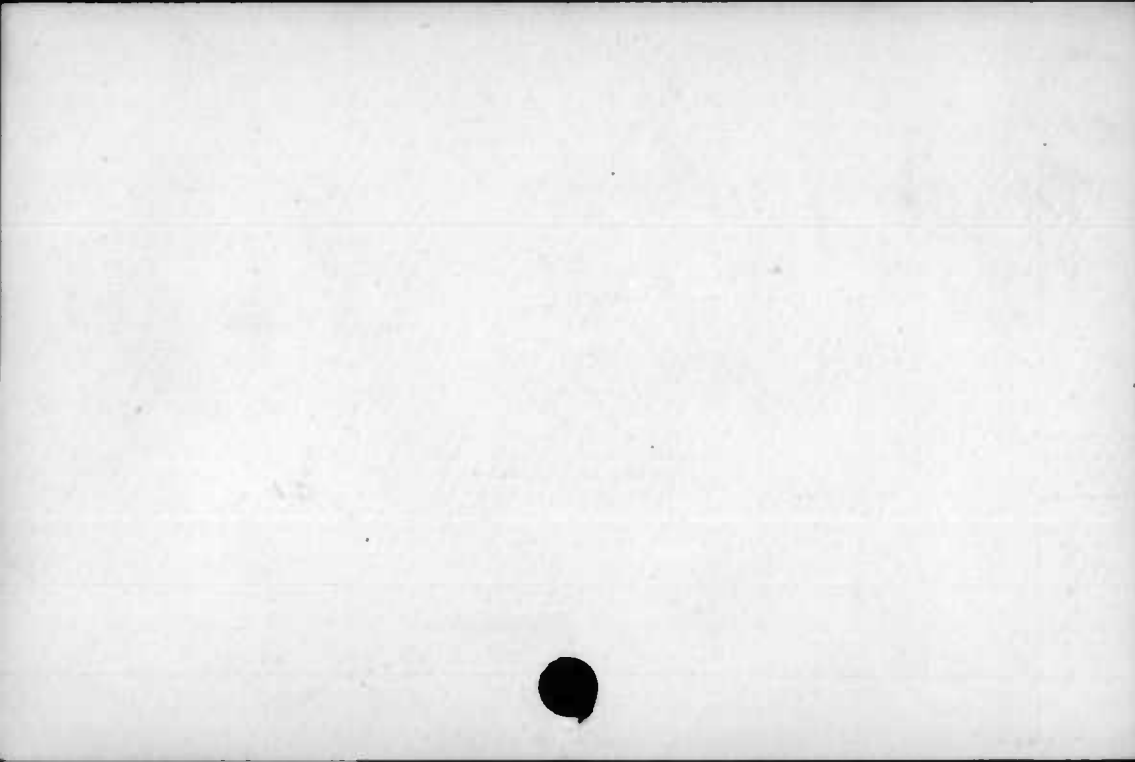
MARYLAND

Died at *Harre de Grace* ^{Town} *Harford* ^{County}Date of death *1908* ^{Month} *June* ^{Day} *30* ^{Years} *38* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *Black* Birth-place *Harre de Grace*Occupation *Labor* Where Residing if not at place of death *.. ..*Married, Single or Widowed *Married* Name of Wife or Husband *Katie Harvey*Father's Name *Robert Bowser* Father's Birthplace *Harford Co.*Mother's Maiden Name *Milke A. Bowser* Mother's Birthplace *Harford Co.*Name of person giving information *Mr Frank Harvey* How related to deceased *Sister*

CAUSES OF DEATH

56

Primary *Alcohol* How long *Don't Know*Immediate *Kidney Stomach & Liver disease* How long *Don't know*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *R. G. Smith*Address *Harre de Grace*Accident or Suicide? *no*



Name
in
Full

Elizabeth Brooke,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Churchville		^{County} Harford		MARYLAND	
Date of death	1908	Month	June	Day	14
Age	74	Years		Months	—
Sex	Female	Color or Race	white	Birth-place	Md.
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband H. Clay Brooke			
Father's Name	Abraam Ross			Father's Birthplace	Md.
Mother's Maiden Name	Sarah Foard			Mother's Birthplace	Md.
Name of person giving information	W. S. Gorsuch M.D.			How related to deceased	none

Fell from porch, on a pile of stores.

CAUSES OF DEATH

165

PHYSICIAN
OR CORONER

Primary	Dislocated shoulder & internal injury -	How long	10 days -
Immediate	Heart failure -	How long	1 day -
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. S. Gorsuch, M.D.	
Address		Churchville, Md.	
Accident or Suicide? Accident - due to a fall.			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *John Baldwin, over*Died at *Harvey de Grace* TownCounty *Harford*Date *June 10*
of death *1908*Month *June*Day *18*Age *22* Years

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Ireland*

Occupation

*Footman*Where Residing if not
at place of death*Pittsburg*Married, Single
or Widowed*Single*Name of Wife or
Husband*_____*Father's
Name*John Caldin*Father's
Birthplace*Pittsburg*Mother's
Maiden Name*Don't know*Mother's
BirthplaceName of person giving
information*Wm Lawder*How related
to deceased*None*

CAUSES OF DEATH

166

Primary

Killed by P.B.M. Rail Road

How long

Immediate

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Michael H. Foley*

Address

Coroner

Accident or Suicide?

*Accident**Harvey de Grace Md*PHYSICIAN
OR CORONER



Name in Full		Heroy Curtis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Harrodsburg		Hayford		MARYLAND	
	Date of death	1908	June	10	Age	3	15
	Sex	Male		Color or Race	Black		
	Occupation	None		Birth-place	Harrodsburg		
	Where Residing if not at place of death		" " "				
	Married, Single or Widowed	Single		Name of Wife or Husband	None		
	Father's Name	George Curtis			Father's Birthplace	Harrodsburg	
PHYSICIAN OR CORONER	Mother's Maiden Name	Belle Jackson			Mother's Birthplace	Harrodsburg	
	Name of person giving information	Belle Curtis			How related to deceased	Mother	
	CAUSES OF DEATH				119		
	Primary	Kidney disease			How long	Don't know	
Immediate	Dropsy			How long	2 or 3 weeks		
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	R. H. Smith		
				Address	Harrodsburg		
Accident or Suicide?		No					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hammond Place</u> ^{Town}		<u>Worford</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>June</u>	Day <u>26</u>	Age <u>Born Dead</u>	Years	Months
Sex <u>Male</u>	Color or Race <u>Col</u>	Birth-place <u>Hammond Place</u>			
Occupation <u>Infant</u>	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Sam Burbin</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Gertrude Brown</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving information <u>Sam Burbin</u>	How related to deceased <u>Father</u>				

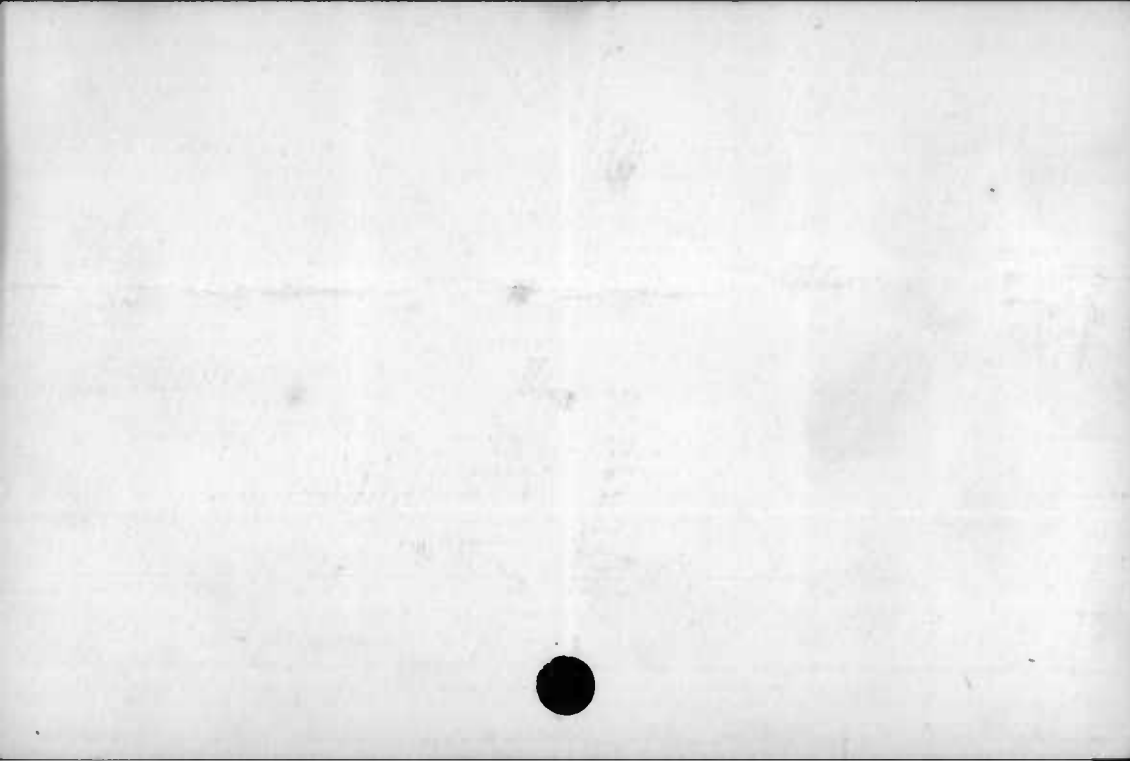
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature Birth</u>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Howard</u>
	Address <u>Hammond Place Ind.</u>
Accident or Suicide?	



Name in Full		Certificate of Death			
Emma V. Foard		MARYLAND			
Died at Level		Town		County	
Date of death 1908		Month June		Day 14	
Age 37		Years		Months 7	
Sex Female		Color or Race White		Birth-place Balto. Md.	
Occupation Housework		Where Residing if not at place of death		Same	
Married, Single or Widowed Married		Name of Wife or Husband		Edson H. Foard	
Father's Name James Rogers		Father's Birthplace Md.			
Mother's Maiden Name Unknown		Mother's Birthplace Balto. Md.			
Name of person giving information		How related to deceased			
CAUSES OF DEATH					
120					
Primary		Nephritis (chronic)		How long 2 or 3 years	
Immediate		Heart complication		How long " "	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician J. Lest Hopkins	
				Address House de Grace Md.	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Edward Giles</i>		Town <i>Bush Ridge</i>		County <i>Hartford</i>		MARYLAND	
Died at <i>in Bush Ridge</i>		Month <i>June</i>		Day <i>6</i>		Years <i>28</i>	
Date of death <i>1908</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Maryland</i>			
Occupation <i>Farm Hand</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Samuel Giles</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Larenia Gilbert</i>				Mother's Birthplace <i>Indiana</i>			
Name of person giving information <i>Samuel Giles</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

176

How long

PHYSICIAN
OR CORONER

Primary

Concussion

Immediate

Hemorrhage of brain

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

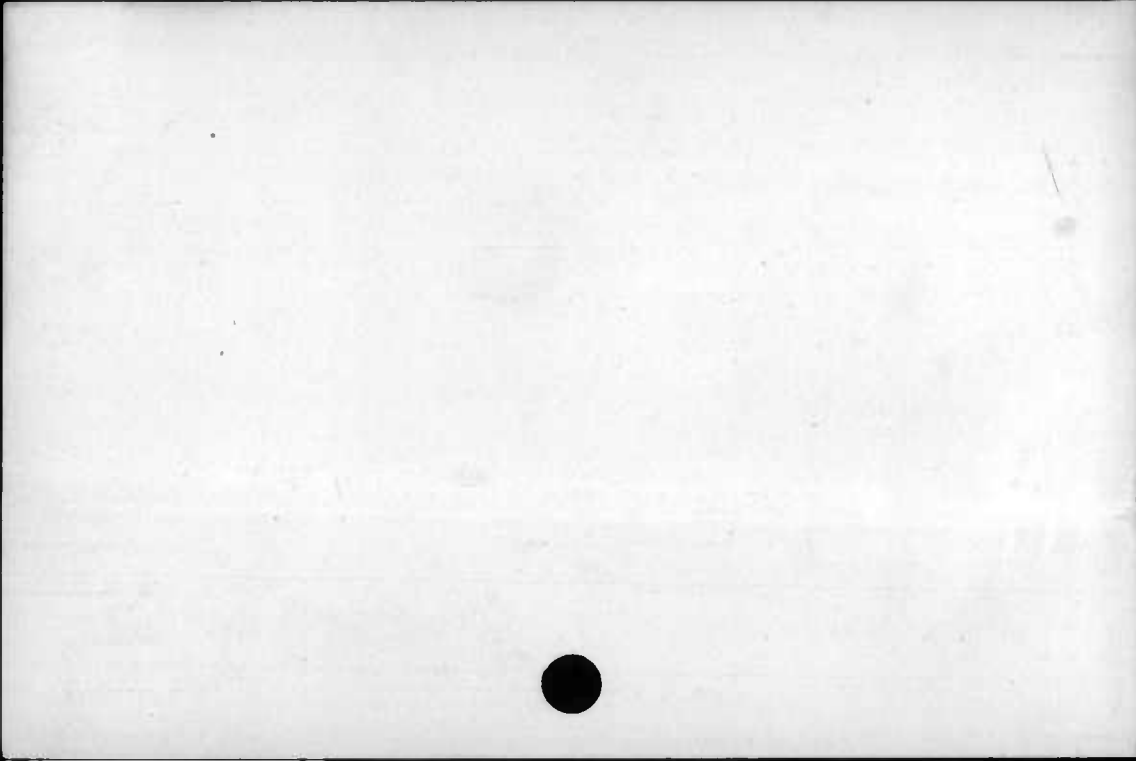
ye

Signature of Physician

Address

Accident or Suicide?

Murder



Name
in
Full

CERTIFICATE OF DEATH

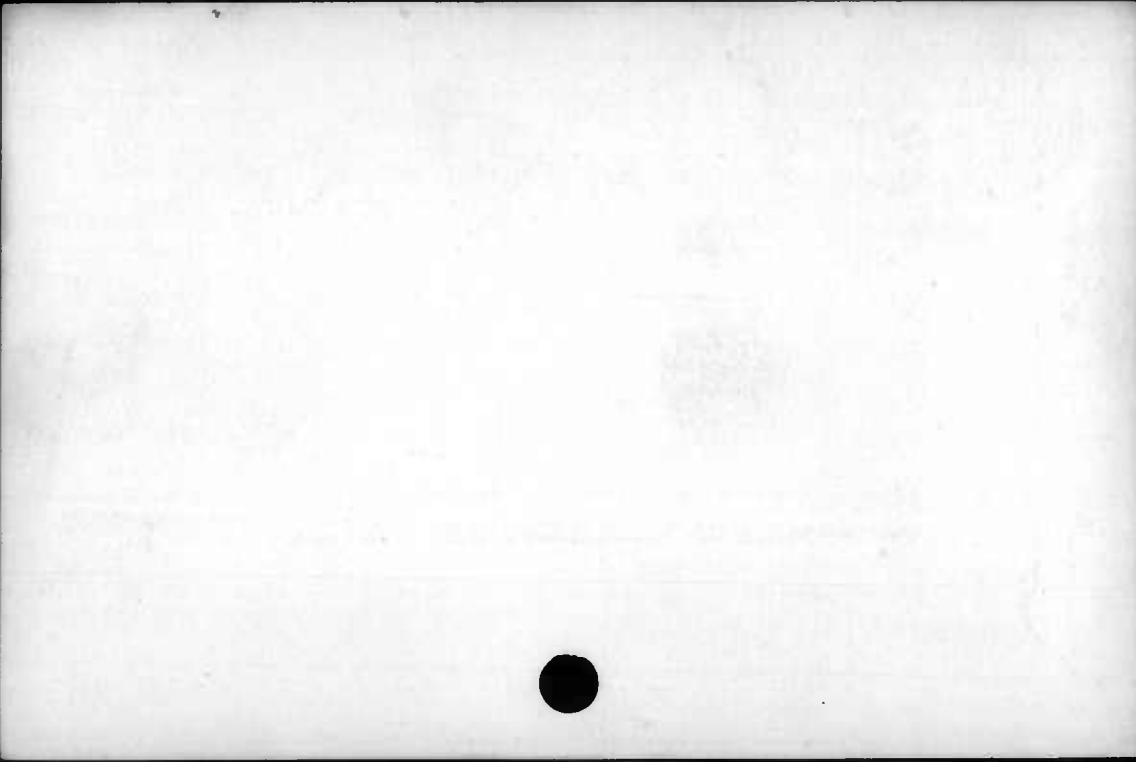
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rocks</u> Town		<u>Glenn</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>June</u>	Day <u>23</u>	Age <u>—</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Rocks</u>			
Occupation <u>X</u>	Where Residing if not at place of death <u>X</u>				
Married, Single or Widowed <u>X</u>	Name of Wife or Husband <u>X</u>				
Father's Name <u>Robert Glenn</u>	Father's Birthplace <u>Harford Co.</u>				
Mother's Maiden Name <u>Angie Grove</u>	Mother's Birthplace <u>Harford Co.</u>				
Name of person giving information <u>Robert Glenn</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still Born</u>	How long <u>(S)</u>
Immediate	<u>See</u>	How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>F. E. Rigdon M.D.</u>
		Address <u>Parrettsville, Ind.</u>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Belcamp* ^{Town} *Harford* ^{County}Date of death *1908* ^{Month} *June* ^{Day} *24* ^{Years} *124* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *Black* Birth-place *—*Occupation *Railroad hand* Where Residing if not at place of death *Belcamp*~~Married~~ Single or Widowed Name of Wife or HusbandFather's Name *Giffin* Father's Birthplace *Southam*Mother's Maiden Name *Margus Green* Mother's Birthplace *Southam*Name of person giving information *Robert Green* How related to deceased *Cousin*

CAUSES OF DEATH

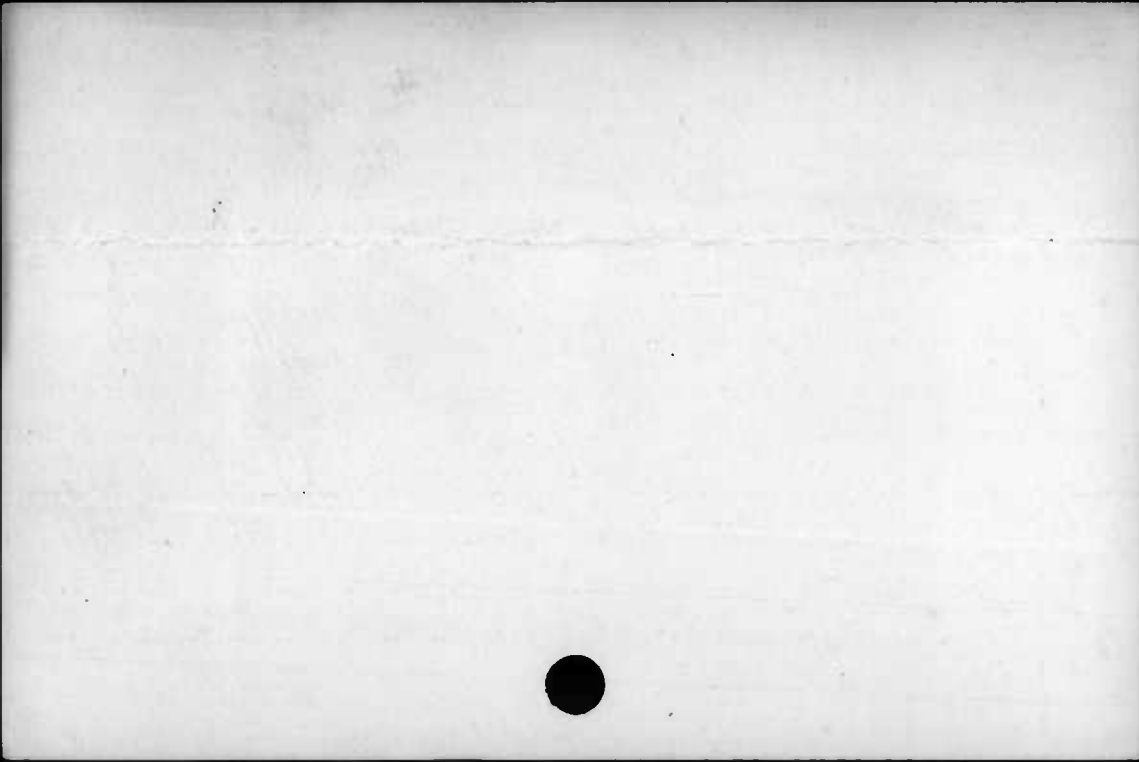
169

Primary *Brain Stroke* How long *Three hours*

Immediate

Are the name, age, sex, color, date and place correctly given above? *age 24*Signature of Physician *Jacob P Osborn Coroner**Colored* Address *Aberdeen*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

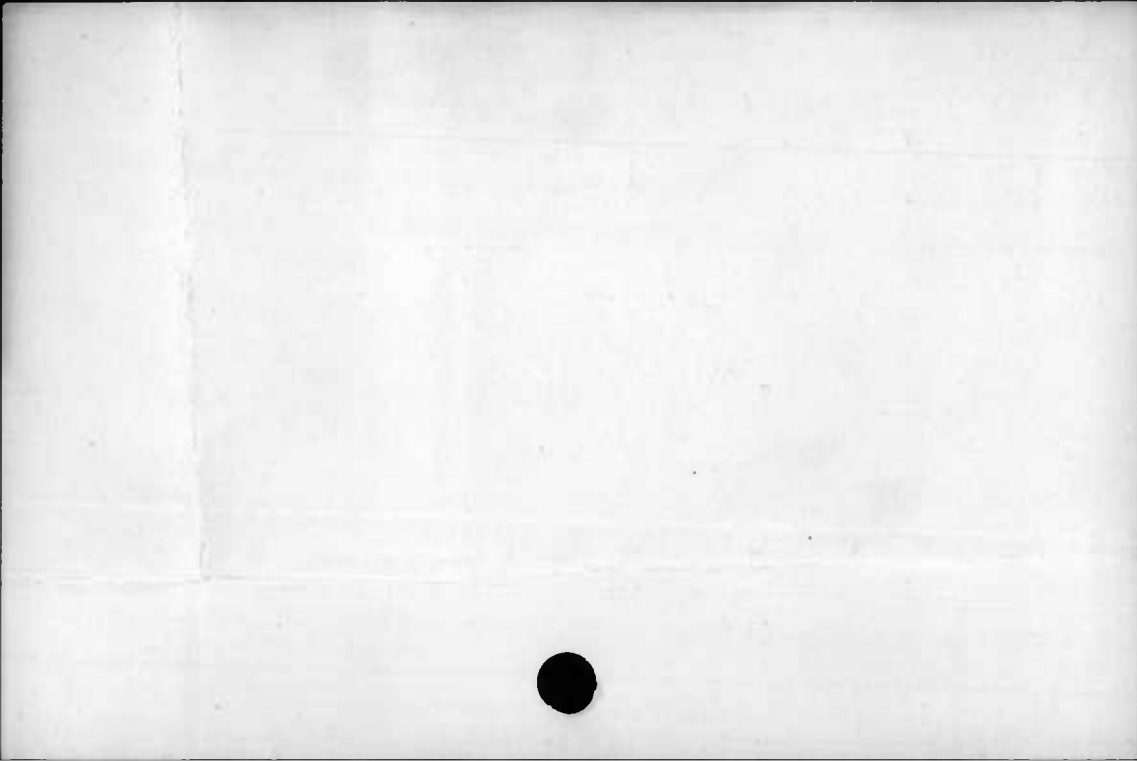
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Helen P. Hall</i>		Town <i>Rocks</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>24</i>	Age	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Gork Pa.</i>				
Occupation			Where Residing if not at place of death <i>The Rocks Md.</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Mr Hall</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>unknown</i>				Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>Mr Hall</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebro Spinal Meningitis</i>	How long	<i>2 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Charles W. Famous</i>	
		Address <i>Street</i>	
Accident or Suicide?		<i>Md.</i>	



Name
in
Full

Philip Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

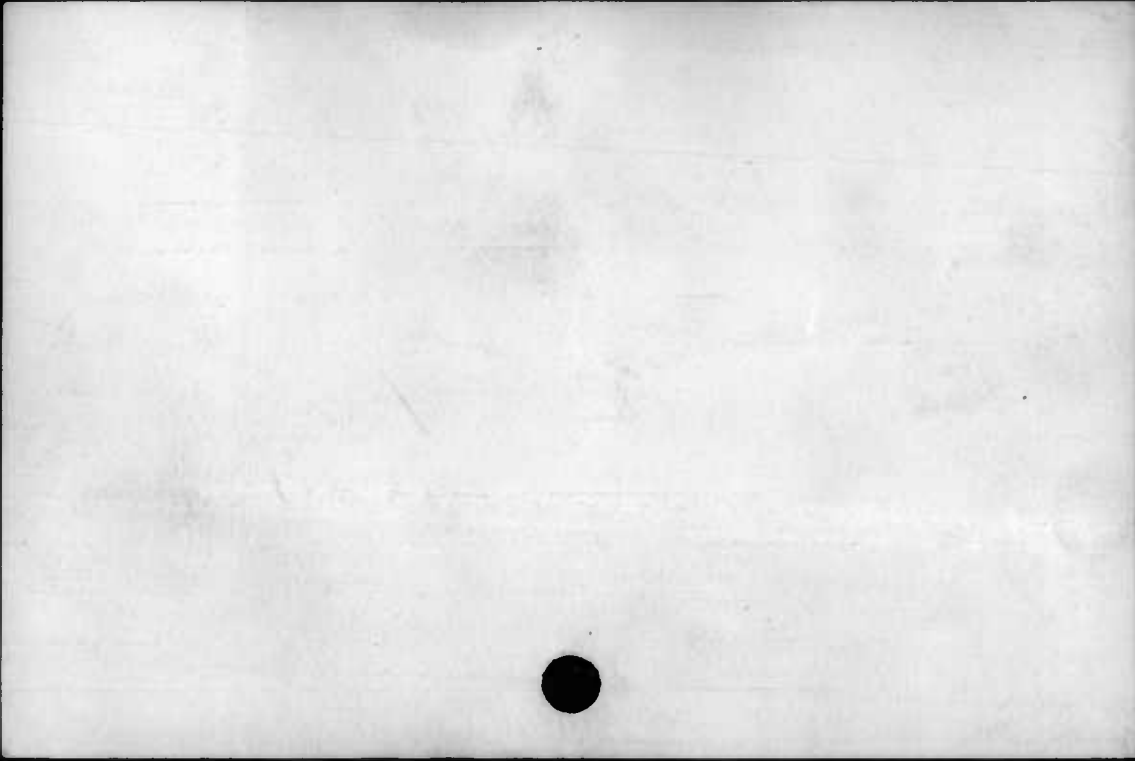
Died at <i>Churchville</i> <small>Town</small>		<i>Hanford</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>June</i> <small>Month</small>	<i>13</i> <small>Day</small>	Age <i>Forty</i> <small>Years</small>	<i>Four</i> <small>Months</small>	<i>None</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Churchville</i>		
Occupation <i>Creamery</i>			Where Residing if not at place of death <i>Home</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Laura B. Hawkins</i>				
Father's Name <i>Phillip Hawkins</i>			Father's Birthplace		
Mother's Maiden Name <i>Elizabeth James</i>			Mother's Birthplace <i>Churchville</i>		
Name of person giving information <i>W. S. Hawkins</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary <i>Principious Anemia</i>	How long <i>Six months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William J. Archer</i>
	Address <i>Bel Air Md</i>
Accident or Suicide? <i>Accident</i>	



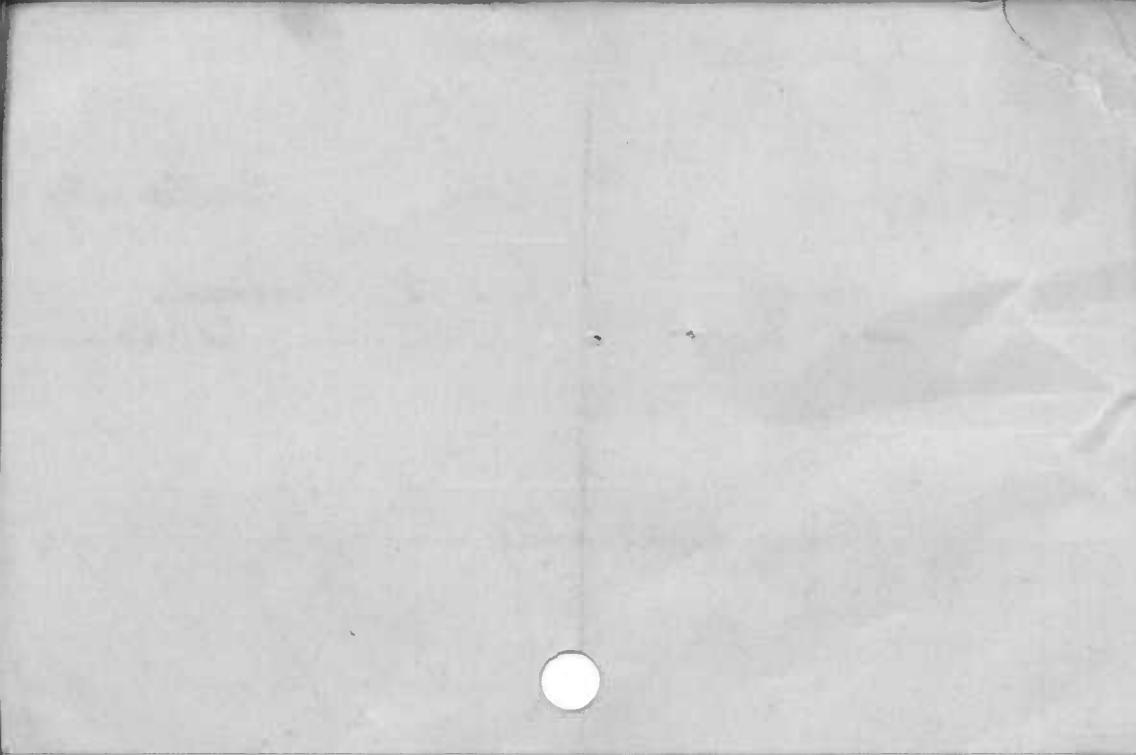
Name in Full *Carrie Virgie Ann Howard*

CERTIFICATE OF DEATH

Died at <i>Abingdon</i> Town		<i>Hartford</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>11th</i>	Years <i>15</i>	Months <i>9</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Abingdon</i>		
Occupation <i>Ladies' Maid</i>		Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>James B Howard</i>	Father's Birthplace <i>Turnace</i>		Mother's Birthplace <i>Abingdon</i>		
Mother's Maiden Name <i>Amanda Lee</i>	Name of person giving information <i>Mrs J Howard</i>		How related to deceased <i>Mother</i>		

CAUSES OF DEATH

Primary <i>Acute Tuberculosis</i>	How long <i>27</i>	<i>five weeks</i>
Immediate <i>Heart CLOT</i>	How long <i>1 hour</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. Oppermann</i>	
	Address <i>Abingdon</i>	
Accident or Suicide?		



Name
in
Full

Mrs. Margaret Kennedy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

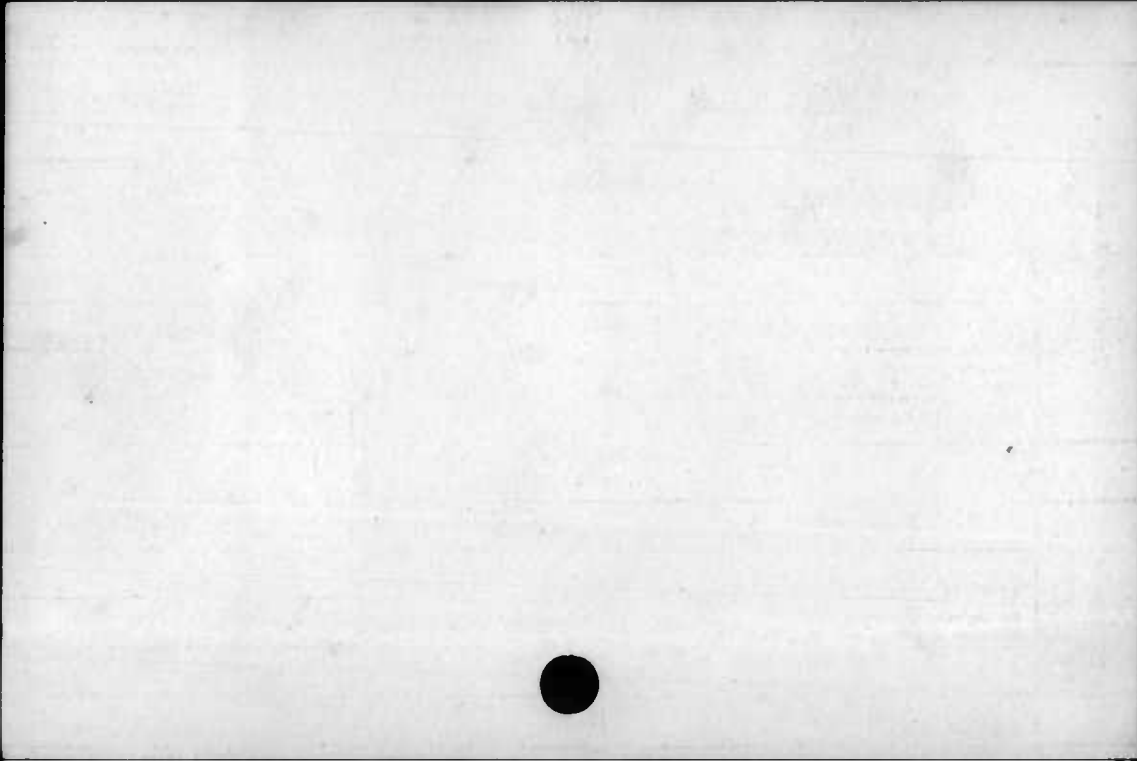
Died at ^{Town} <i>Hickory</i>		^{County} <i>Stafford</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>6</i>	Day <i>22</i>	Age <i>62</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto. City</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Hickory</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Jos. G. Kennedy</i>				
Father's Name <i>— Folk</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Wm. J. Kennedy</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. L. Hughes</i>
	Address <i>Bel Air, R.F.D.</i>
Accident or Suicide?	<i>no</i>



Name
in
Full

Minnie E. Lawder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

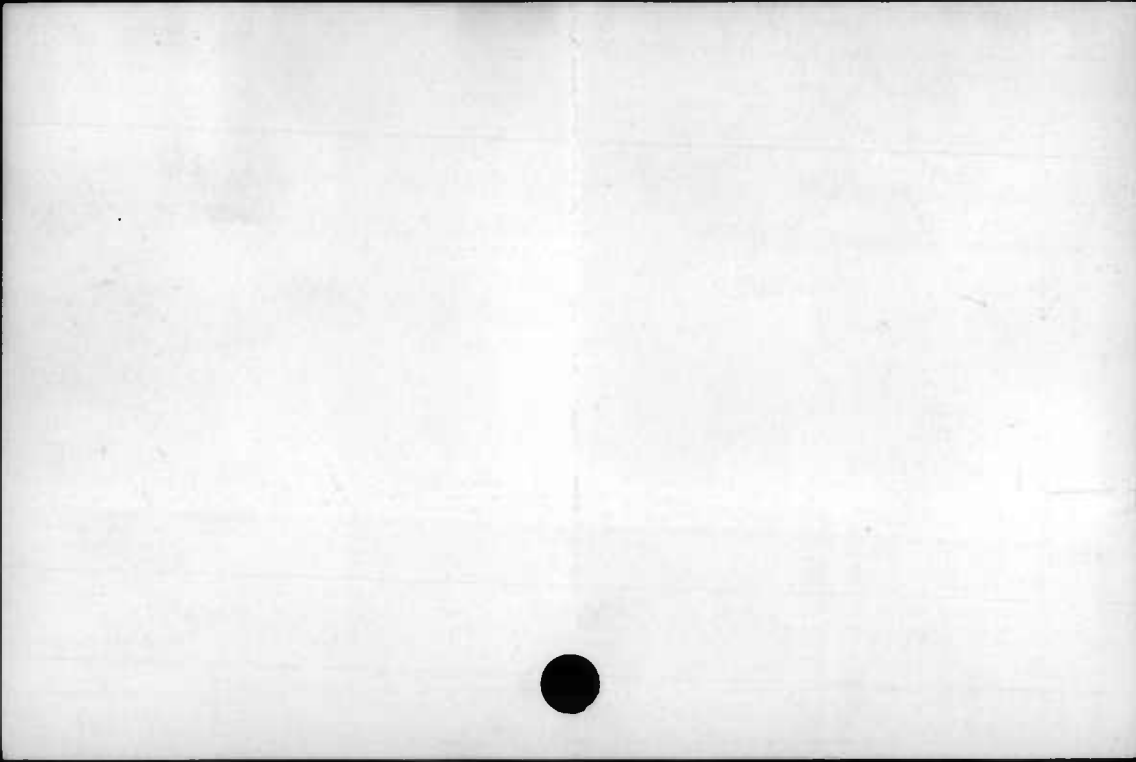
Died at Boothby Hill <small>Town</small>		Harford <small>County</small>		MARYLAND	
Date of death 1906	June <small>Month</small>	6 <small>Day</small>	46 <small>Years</small>	5 <small>Months</small>	 <small>Days</small>
Sex Female	Color or Race White		Birth-place Harre de Grace		
Occupation House Wife		Where Residing if not at place of death Boothby Hill			
Married, Single or Widowed Married	Name of Wife Husband Samuel H. Lawder				
Father's Name William S. Moore	Father's Birthplace Harre de Grace		Mother's Birthplace Harre de Grace		
Mother's Maiden Name Mary O'Neil	Name of person giving information William E. Moore		How related to deceased Brother		

CAUSES OF DEATH

94

PHYSICIAN
OR CORONER

Primary Heart Pleurisy	How long 4 days
Immediate Heart failure	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. H. O'Neil
	Address Farmington Md.
Accident or Suicide? 	



Name
in
Full

Otto Lutz.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

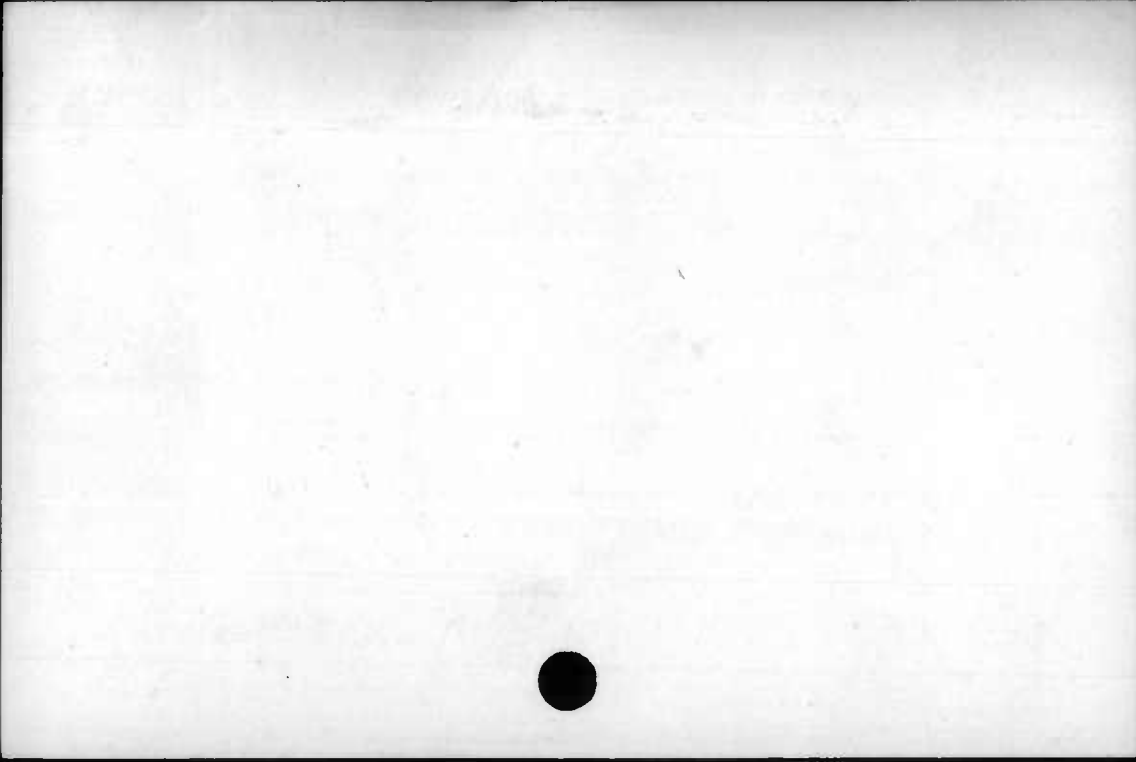
Died at <i>Benson</i>		Town		<i>Hanford</i>		County	
Date of death <i>1908</i>		Month <i>6</i>		Day <i>22</i>		Age <i>74</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months <i>8</i>	
Occupation <i>Printer</i>		Where Residing if not at place of death					
Married, Single <i>Married</i>		Name of Wife or <i>Wife</i>		<i>Sarah</i>			
Father's Name				Father's Birthplace <i>Berlin Germany</i>			
Mother's Maiden Name				Mother's Birthplace <i>Berlin Germany</i>			
Name of person giving information <i>Chas Lutz</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary <i>Hanging</i>	How long
Immediate <i>Asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Bennett Applegate</i>
	Address <i>Bel Air</i>
Accident or Suicide? <i>Suicide</i>	



Name
in
Full

Angie M. Parsons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

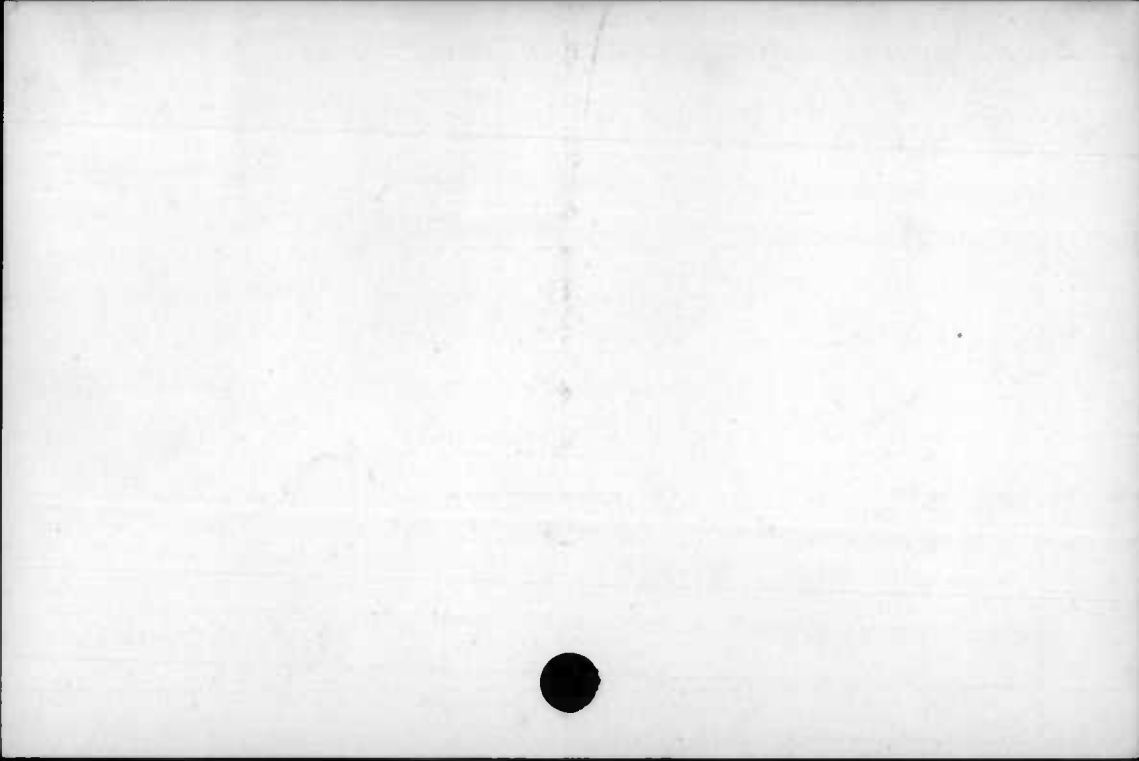
Died at		Town Horse de Grace		County Harford		MARYLAND	
Date of death		1908	Month June	Day 7	Age 43	Months 3	Days -
Sex Female		Color or Race White		Birth- place Pennsylvania			
Occupation House Wife		Where Residing if not at place of death H de Grace					
Married, Single or Widowed Married		Name of Wife or Husband Frisby G. Parsons					
Father's Name Unknown		Father's Birthplace Unknown					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving In formation Mrs Shannon Forsythe		How related to deceased Daughter					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pul. Tuberculosis		How long Two
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. Howard
		Address
Accident or Suicide?		



Name
in
Full

William Nelson Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Taylor* Town *Harford* County

State *MARYLAND*

Date of death *1908* Month *June* Day *sixth* Age *49* Months *6* Days *6*

Sex *male* Color or Race *white* Birth-place *Harkins'*

Occupation *farmer* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Margaret E. Richardson*

Father's Name *Sam'l Park Richardson* Father's Birthplace *Harkins'*

Mother's Maiden Name *Sarah Anne Oiley* Mother's Birthplace *Over Creek*

Name of person giving information *Mary L. Richardson* How related to deceased *daughter*

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

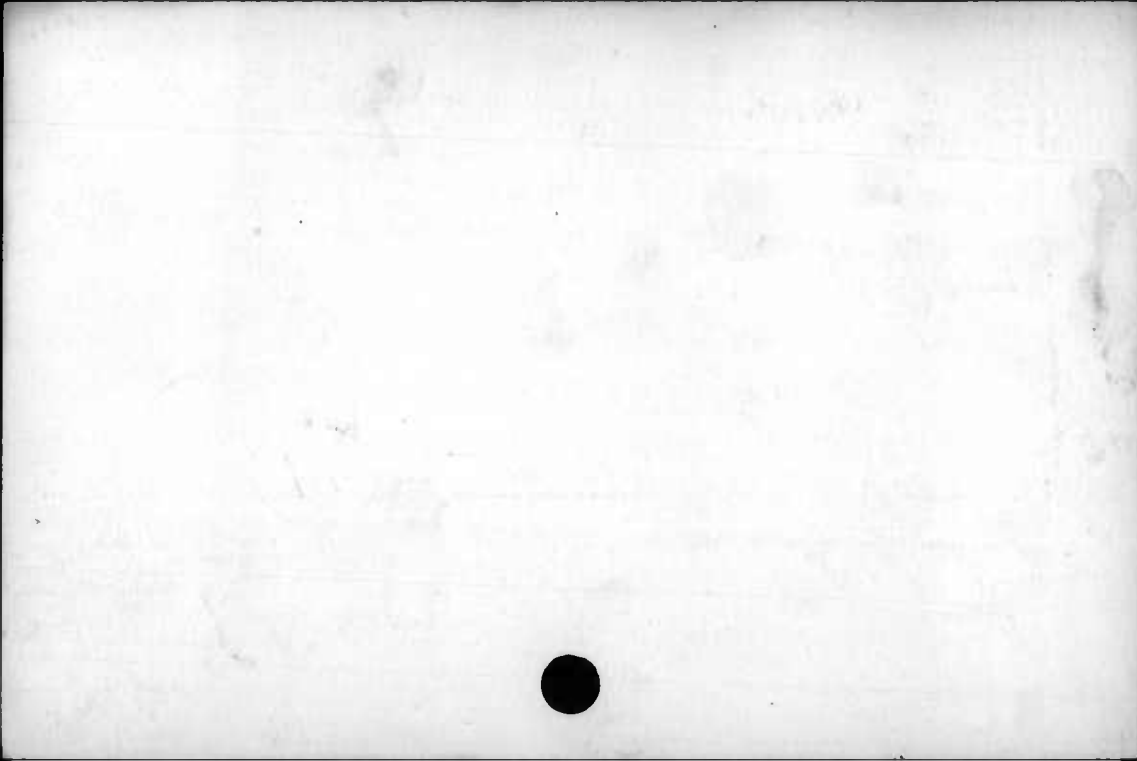
Primary *Inflammatory Rheumatism* How long *Six weeks*

Immediate *Heart failure* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *F. E. Rigdon M.D.* Address *Jarrettsville Ind*

Accident or Suicide?



Name
in
Full

Kirk Ritchie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pooler</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1908</i>		Month <i>6</i>	Day <i>11</i>	Age <i>13</i> ^{Years}	Months <i></i> Days <i></i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>	
Occupation <i></i>			Where Residing if not at place of death <i></i>		
<i></i> ^{and, Single}			Name of Wife or Husband <i></i>		
Father's Name <i>Theodore M. Ritchie</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Anna W. Smith</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i></i>			How related to deceased <i></i>		

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>two year</i>
Immediate <i>Pericarditis</i>	How long <i>one year</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. B. Smith, M.D.</i>
	Address <i>Washington</i>
Accident or Suicide?	<i></i>



Name
in
Full

Howard & Thalman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *W. Delmar* County *Harford* MARYLAND

Date of death 1908 Month *6* Day *20* Age Years Months *9* Days *14*

Sex *Male* Color or Race *W* Birth-place *Ind*

Occupation *Infant* Where Residing if not at place of death

Married, Single or Widowed *Infant* Name of Wife or Husband

Father's Name *Jacob Thalman* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Smith* Mother's Birthplace *Ind*

Name of person giving information *Jacob Thalman* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* How long *2 days*

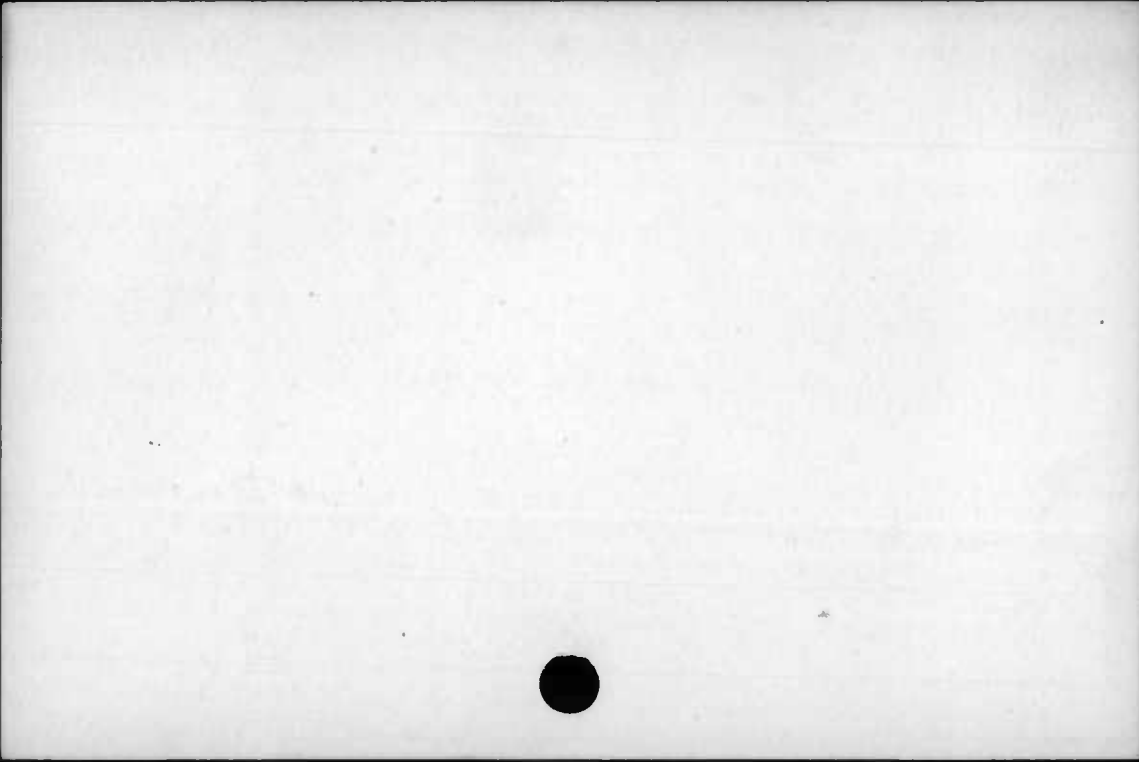
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Annie Cavanaugh Whinnery

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

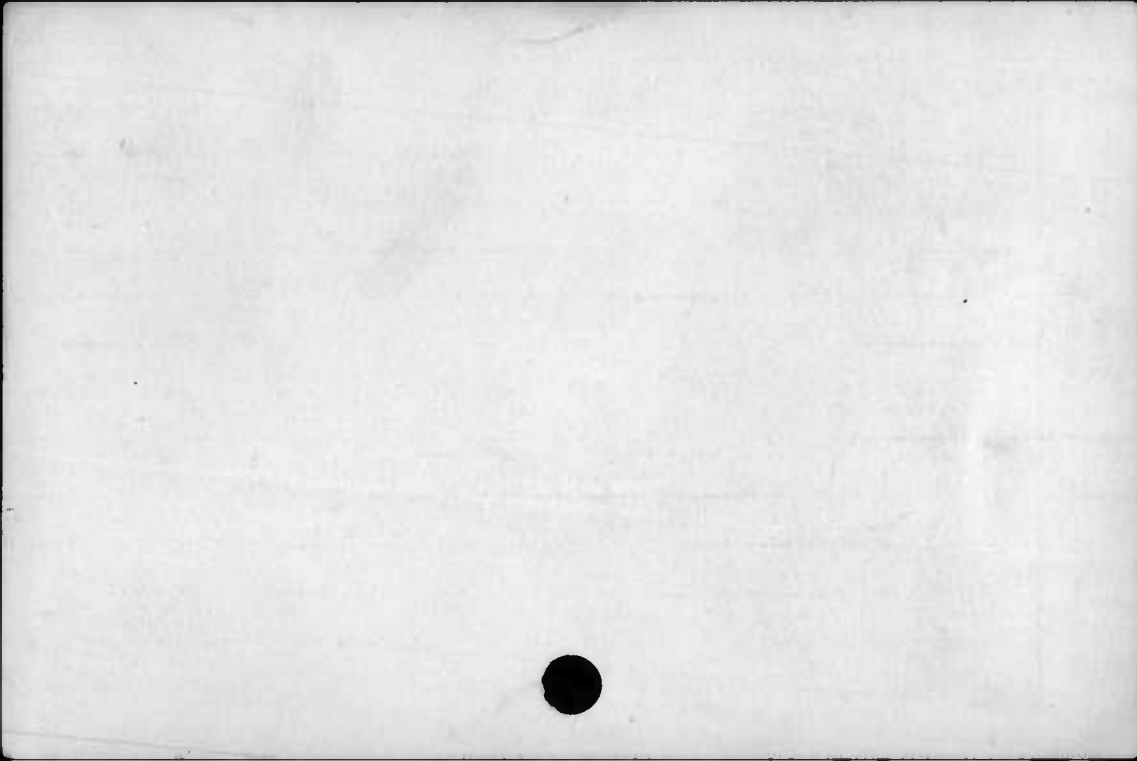
Died at <i>Prospect</i> ^{Town}		<i>Hartford</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	<i>6</i> ^{Month}	<i>4</i> ^{Day}	<i>88</i> ^{Years}	<i>June</i> ^{Months}
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>Ireland</i>
Occupation				Where Residing if not at place of death	<i>Prospect</i>
Married, Single or Widowed			Name of Wife or Husband		
Father's Name				Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>Annie Cavanaugh</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Mrs Howard Proctor</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senility</i>	How long	<i>—</i>
Immediate	<i>Paralysis</i>	How long	<i>6 Days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Dr. Daniel Ramsey</i>
		Address	<i>Della Penna</i>
Accident or Suicide?			



Name
in
Full

Mabel Wright -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Harre de Grace*

Town

Harford

County

Date
of death *1908*

Month

June

Day

23

Age

Years

—

Months

3

Days

*—*Sex *Female*Color or
Race*White*Birth-
place*Harre de Grace*

Occupation

*—*Where Residing if not
at place of death*Same*Married, Single
or Widowed*Single*Name of Wife or
Husband*—*Father's
Name*R. Willis Wright*Father's
Birthplace*Harford Co*Mother's
Maiden Name*Blanche E Michael*Mother's
Birthplace*Harford Co*Name of person giving
In formation*R. W. Wright*How related
to deceased*Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Cholera Infantum

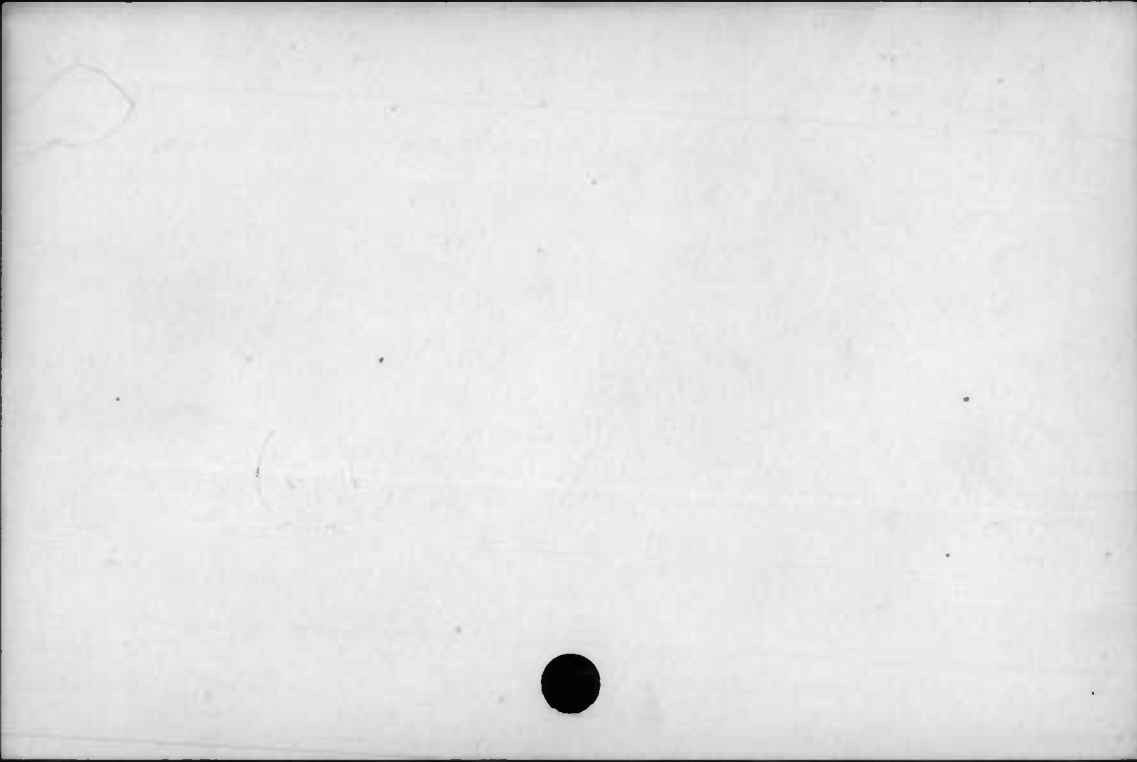
How long

*24 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*L. L. Hopkins*

Address

*Harre de Grace
md*

Accident or Suicide?



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at Sewell <small>Town</small>		Harford <small>County</small>		MARYLAND
	Date of death 190 8 <small>Month</small> June <small>Day</small> 23	Age about 35 or 40 years <small>Years</small> Months <small>Days</small>			
	Sex Male	Color or Race White	Birth-place Not Known		
	Married, Single or Widowed Not Known	Occupation Trampering on B & O Ry			
	Name of Wife or Husband Not Known				
	Father's Name Not Known		Father's Birthplace Not Known		
	Mother's Maiden Name Not Known		Mother's Birthplace Not Known		
	Name of person giving information W. L. Brown		How related to deceased 166		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary Struck by Train # 527B.		How long		
	Immediate B & O Ry Co and instantly Killed		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. L. Brown		
			Address Coroner		
	Accident or Suicide? Accident		Sewell Md.		

